

**COLLEGE OF MEDICINE & SAGORE DUTTA HOSPITAL**

Government of West Bengal

Kamarhati, Kolkata - 700 058

**( X-RAY / ULTRA SOUND )**

**OUTDOOR / INDOOR REQUISITION FORM**

Registration No. .... 100 593 .....

Patient's Name ..... Sohail Mehta .....

Age ..... 14y ..... Male / Female ..... m ..... Religion-Hindu / Muslim / Christian

Address.....

Physician / Surgeon.....

Ward / O.P.D. .... Bed No. .... Paying Bed No. ....

Description of disease.....

Type of X-Ray / Investigation..... CXR PA .....

**Report :**

Signature of attending  
Medical Officer

Signature  
Radiology / E.C.G. Deptt.  
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